

Kansas Department of Health and Environment

**Moderator: Aimee Rosenow
December 23, 2014
11:00 a.m. ET**

Operator: Good morning. My name is (Jennifer) and I will be your conference operator today. At this time I would like to welcome everyone to the Statewide Population Health conference call.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad.

If you would like to withdraw your question, press the pound key. I will now turn the call over to Aimee Rosenow now. You may begin.

Aimee Rosenow: Thank you (Jennifer). Good morning everyone and welcome to the December Statewide Population Health Call. We're very grateful for you joining us on this holiday week to hear some updates from our staff at KDHE.

I'll just go over the agenda very quickly so you know what will be covered. We will have our Ebola update to kickoff the call. And we'll also hear from Charlie Hunt our state epidemiologist. And we'll hear from our Bureau of Health Promotion, our Bureau of Environmental Health, our Bureau of Community Health Systems and Bureau of Population Health. We'll also have a preparedness update followed by a communications update.

We will finish up the call with questions and answers so just save those until the end. And now I'd like to turn it over to Mindee Reece to begin the Ebola update.

Mindee Reece: Good morning everyone and happy holidays. I want to thank those of you who participated in our recent Regional Health Care Coalition Ebola preparedness forum. We ended up having over 600 people participate in the seven forums which I think might be unprecedented as far as numbers when we go across the state.

This morning we're going to start off with an update about our waste management guidelines, so we'll start with Bill Bider who is our Bureau of Waste Management director.

Bill Bider: OK. Thanks Mindee. This will be brief because probably you don't need a lot of detail but some of you may know that the Secretary in October adopted a policy that made Ebola waste hazardous waste. Since that time we have learned that that has created some problems with respect to certain services that would need to be provided if we had Ebola waste for disposal.

And that mainly related to the transportation of Ebola waste. Because being hazardous and being in any infectious waste, all of the transporters out there were trained and certified to transport either hazardous waste or infectious waste. So we have had to modify that policy. It has been modified, but not yet signed by the Secretary. To the best of our knowledge that will be signed real soon.

And the new policy establishes some provisions for the Secretary to approve of medical waste transporters or infectious waste transporters that may not carry the hazardous waste transportation registration. And I won't go into why it just turned out that none of our transporters across Kansas had the proper certifications for both but that's just the realities of life that that's the way it was. So we have a policy in place that would allow a company for example, Stericycle, who many of you may use for disposal of medical waste.

They do not have the certification and training for hazardous waste. They would be able to just provide documentation to us over their capabilities and experience, we can review that, approve it and they would be able to then transport that waste. So that's the main purpose of the change in the policy

that you may see coming out here in the next week or two and made available online in its revised form.

So there's nothing else on there that is really a major change. We just wanted you to be aware of the fact that a new policy is coming out and that was the main purpose for it.

Mindee Reece: OK, thank you Bill. Next we'll hear from Charlie Hunt, our state epidemiologist with an update on (cases).

Charlie Hunt: OK. Thank you Mindee, and good morning everyone. I will just very briefly provide an update on cases in West Africa. Through December 19th, there have been a little over 19,000 cases and more than 7,300 deaths and this is in the three primarily affected countries of Guinea, Liberia and Sierra Leone.

The increase in cases has really been most severe in Sierra Leone lately. The rate of increase had started to slow down or level off a little bit in Guinea and Liberia. Historically, Liberia has been the country that's been the most affected and overall the incidence rate is still highest there, but Sierra Leone now has most cases at over 8,700.

The recent cluster in Mali appears to be under control to some degree. We're still sitting at just eight cases and six deaths. There had been some concern there about a recent cluster that was associated with a case that had gone undetected for quite some time. And this new cluster is not related to the first case that occurred in Mali some weeks ago. So hopefully they all will continue to keep that under control.

KDHE, last week, released version 6.0 of our preparedness and response plan. In this plan, we've added considerable information regarding the additional preparedness and response activities that we've been engaged in.

This included the stakeholder engagement on the events that we've held; the teleconferences, the regional health care coalition meetings, et cetera. I've also included information about state level seminars and table top exercises that we've been conducting and included information about the regional medical Bio-response team; this is primarily the team that has been identified

through K-SERV. In addition to that, I've included information about the KDHE Bio-strike team that would provide technical assistance in case we get a suspect case here.

Then finally I've included additional information about our patient transport planning. The plan also includes updated guidelines regarding risk assessment and the risk exposure categories. Primarily I've updated the definitions here to be more consistent with the definitions that CDC has used. And also we've updated the recommendations regarding active monitoring and we are now endorsing direct active monitoring under certain circumstances. The direct active monitoring includes a personal – in person visit initially with a patient that's under active monitoring and then subsequently that's going to be conducted on a daily basis by video conference.

And I've had some conversations with CDC staff regarding the rationale with their recommendations, regarding direct active monitoring and as I've said we've now adopted that because I think under certain circumstances it's necessary.

And finally I would just like to take this moment to let you know about Joey Scaletta. Those of you who know Joey, he's our Health Care Associated Infections Program Director, and we'd just like to thank him.

He has been accepted to provide service with the organization Partners in Health. He will be providing nursing services to Ebola patients. He will be departing for Sierra Leone in early January and he'll be there for six weeks. And we think that this is a great thing that he's doing. Of course, until we get the outbreak under control in West Africa, it will continue to be a risk for us here in the U.S. and in Kansas and we certainly appreciate his service.

I wish him well and looking forward to his safe and healthy return. He will be under 21 day restricted movement when he comes back and he's well aware of that.

The next topic I'd like to cover is influenza. Can I go on to that?

(Crosstalk)

Charlie Hunt: OK, we'll come back to that (later).

Mindee Reece: Yes, I have a few updates. It's Mindee again. I'm going to give an update on where we are with our activities in correlation with the Centers for Disease Control and Prevention or CDC. They are no longer pushing each state to identify treatment hospitals for Ebola. However, they are encouraging a tiered approach in which health care facilities can serve in one of three roles. They can be front line health care facilities, Ebola assessment hospitals, or treatment centers.

And so the push now that we're receiving from CDC is to identify our assessment hospitals. What an assessment hospital does, is it must be prepared to receive and isolate a patient with possible Ebola virus disease and to care for that patient until an Ebola diagnosis can be confirmed or rules it out and until discharge or transfer is completed.

Hospitals should be prepared to transport patients with confirmed Ebola virus disease to an identify treatment center. We would use our agreement – KDHE's agreement with MERGe for patient transport in that regards so that becomes, not a burden on the hospital itself, but on the system. We've been asked to identify out Ebola assessment hospitals to assure that anyone with symptoms and a travel history consistent with Ebola virus can be cared for until an Ebola diagnosis is confirmed or ruled out.

And what were asked to assure is that those assessment hospitals have the capability and capacity to provide up to 96 hours of evaluation and care to the suspected Ebola patients until a diagnosis is confirmed or ruled out and until a discharge or transfer is completed.

So with that said, we are going to be sending out a request via the Kansas Health Alert Network that all hospitals complete the detail hospital checklist for Ebola preparedness and return the completed checklist to KDHE at the response2014@kdheks.gov e-mail address. We also will be contacting the seven regional hospitals by telephone to discuss their level of comfort with identifying them to the CDC as an assessment hospital in Kansas.

The CDC has assured us that this will be a confidential list. However, we just want to make sure that the hospitals are comfortable with us providing their name incase somehow this information would be made public.

We do not have the indication at this time that it would, but I think that it's always safe to be mindful and prepared for.

So there will be more communication between KDHE and hospitals coming up over the next couple of weeks. If any of you have questions about this you may send an e-mail to response2014@kdheks.gov or contact KDHE through the Epi hotline and you will be probably transferred to Charlie for more conversation.

Additionally, I want to inform you that we have received our first round of supplemental funding for Ebola preparedness and response activities. We received grant guidance earlier this week. That has a January deadline to submit our application. However, yesterday I actually received by e-mail the notice of grant award, which is almost unheard of that we've gotten the money before we applied for it.

But anyway, we have received \$52,808 to focus on our active monitoring programs and our general capability to deal with Ebola patients in Kansas. We're probably going to use this funding to cover the cost of the patient transport agreement, to purchase the isolation room that we have previously ordered to make available to a Kansas hospitals if or when we have a case. We are going to look at the possibility of purchasing some Tier 1 personal protective equipment and we're looking in to a few other options for expending those funds.

We also have been made aware from the CDC that at another round of supplemental funding will be made available to states. This should be announced in January and that should be a significantly larger pot of money that may have some potential for additional funding to help hospitals and local health departments prepare. We don't have any clear definitive information about what that will consist of but we will keep all of you informed.

We also learned this week that the epidemiology and laboratory capacity – cooperative agreement may have some Ebola preparedness funding coming to states in the next few weeks as well. So stay tuned for more information. We will definitely be working with the Kansas Hospital Association and the Kansas Association of Local Health Departments to implement and plan for use of those funds. So with that, I will turn over to Charlie who can now take the full message forward.

Charlie Hunt: Thank you Mindee.

Mindee Reece: Thank you.

Charlie Hunt: So on influenza, activity in Kansas has increased substantially in the past couple of weeks, in particular. We have observed increases in nearly every region of the state, utilizing our ILINet surveillance program. Overall, approximately 5 percent of patients who visited our ILI Net clinics during the week, during December 13th, were due to ILI.

Influenza A H3 has been the predominant strain circulating in Kansas so far this season, although we have detected influenza B as well.

Nationally, influenza A H3N2 virus has been reported most frequently. And according to CDC, higher rates of hospitalizations and deaths tend to occur when this particular strain is predominant, particularly among older persons, very young children and persons with certain chronic medical conditions.

In addition, as you're probably aware, CDC had issued two health alert network messages a few weeks ago regarding antigenic drift that had occurred. At that time, approximately half of the A H3N2 virus that was circulating has been different from the vaccine strain.

And according to most recent data, more than two-thirds of the circulating influenza A H3N2 viruses were (antigenically) different than the vaccine strain. So they're concerns that this is going to reduce the overall efficacy of the vaccine on a population basis. It is important to keep in mind that cross-protection from the vaccine may still reduce the likelihood of severe complications. And of course vaccination will provide protection against the

other circulating influenza strain that have not undergone the antigenic drifting. So once again, we are still continuing to stressing importance of vaccination, it's not too late.

In addition to that, CDC is continuing to emphasize the importance of the use of oseltamivir and zanamivir anti-viral medications known as neuraminidase inhibitors for treatment and, under certain circumstances, prevention of influenza in addition to vaccination.

With the increase in activity, we have a news release drafted that I anticipate will get out fairly soon so be looking for that.

And then finally yesterday, we issued the media release regarding the newly discovered virus that has been named Bourbon virus. We've been working closely with the CDC to investigate this. This has been linked to the death of a Kansas resident earlier this year.

The host of the virus is not known. Although it is thought to be transmitted through the bites of ticks or perhaps even another insect. The symptoms in this resident resembled other tick-borne diseases, including fever and fatigue. As I mentioned, we've been working very closely with CDC and the clinical care team to learn more about this virus. The patient's case history has been reviewed in detail.

CDC is developing plans to conduct tests on additional patients. This particular patient had been enrolled in the Heartland Virus Study and their plans are to test additional patients that have tested negative for Heartland virus.

And then finally we're also working on plans to collect and test ticks and other insects. That probably will occur in the spring or later, once the weather gets warmer. So we will provide additional information about this when it becomes available, but that's all I have for now.

Aimee Rosenow: Thank you very much Charlie. Our next update will be from our Bureau of Health Promotion and Ginger Park is here with us to share that information.

Ginger Park: Thanks Aimee. I have several trainings to let you know about. One of them is a new training. We just completed a free comprehensive online training on Brief Tobacco Intervention techniques, to help healthcare providers work with patients to quit tobacco. So instead of actually having to schedule a time where somebody comes to your office to train, this training can now be done online, and it only takes approximately 45 minutes.

The training can be used by a wide range of providers, including doctors, nurses, front office staff, dentist, dental hygienist, and respiratory therapist. The training will teach providers to use the Brief Tobacco Intervention with all patients who use tobacco, refer patients who are ready to quit to the Kansas Tobacco Quitline, prescribe FDA approved cessation pharmacotherapy and describe the benefits of the Kansas Tobacco Quitline.

The training also includes two audio clips of a Quitline phone counseling session, which is something people are often interested to hear how the sessions actually go. And that includes demonstrations of clinicians delivering the Brief Intervention. The training is under review by the American Academy of Family Physicians, for CME accreditation and continuing education credits for other fields such as nursing and respiratory therapy are also being pursued.

So the training is available online at kstobaccointervention.org.

Another training is the Chronic Disease Self-Management Leader training. We have leader trainings available for those who are interested in becoming certified leaders. Two will be offered this winter, one in Topeka February 16th, 17th, 24th and 25th. And then one in Pittsburg in March, March 3rd, 4th, 10th and 11th and people must attend all four trainings to become certified. Then also, for those who coordinate the Chronic Disease Self-Management training, there is a CDSME program coordinator training. One is in Topeka on February 15th and one in Pittsburgh on March 2nd. And these trainings are just half a day. They're from 1 - 4:30 p.m.

So if you have anyone who is interested in either of these Chronic Disease Self-Management trainings, contact Megan Skaggs with the Kansas

Foundation for Medical Care. And her e-mail address is mskaggs@kfmc.org or her phone number is 785-273-2552 extension 345.

And then the last training I have to talk about is the Stepping On Leaders Training and that will be offered in (Salina) May 5th through the 7th. Stepping On is an evidence-based program that helps older adults reduce falls by incorporating and discussing a range of issues including falls and risks, strength and balance exercises, medication review, vision exams and home safety.

The Stepping On course consists of seven weekly classes that are each approximately two hours followed by home assessment at three months and six months follow-up. So the leader training is just three days but then the actual classes that these leaders will provide last (another) seven weeks.

Stepping On leaders must be a healthcare professional, aging network professional or fitness instructor, have led group-based programs on adult learning or self-efficacy principles, have worked with older adult in a professional setting and commit to leading at least two Stepping On workshops each year.

So if you're interested in these Stepping On Leader Trainings, contact Lori Haskett and her phone number is 785-296-8163, or her e-mail is lhaskett@kdheks.gov. That's all I have.

Aimee Rosenow: Thank you very much, Ginger

And next, we have an update from our Bureau of Environmental Health. Angela German is here to share that message.

Angela German: Thank you. I'm here to make you aware of some radon program mini-grants that are now available to non-profit agencies.

These are targeted for local and regional public awareness and outreach activity. All Kansas non-profit organizations are eligible to apply and potential applicants include health departments, extension programs, schools, etcetera.

Beginning October this year and extending through September of 2015, the Kansas Radon program will award grants of \$7500.

A 30-minute informational and program overview webinar is available at kansasradonprogram.org. If you have any additional questions, please contact Brian Hanson of the Kansas Radon Program.

Finally, just a reminder that January is National Radon Action Month and everyone is encouraged to have their home tested for radon. Visit local extension offices for Radon test kits.

Thank you.

Aimee Rosenow: Thank you, Angela.

And next we have Jane Shirley.

Jane Shirley:

Great. Thank you, Aimee.

Good morning everyone. I want to spend just a minute telling our audience more about the upcoming move of the Aid to Local coordinated grant process to an online system called Catalyst.

We mentioned this on the call before and several of you were able to join us for a recent Catalyst Webinar sneak peek. But the details are moving forward and we are on schedule to have all the work completed in Catalyst to accept our upcoming grant applications for the group of programs that function through the aid to local system.

We are very excited about the advantages and benefits that both local grantees and KDHE will see in this new approach.

Catalyst is going to serve to improve the service that we provide to local applicants and to recipient organizations but it also serve as our agency quality improvement and performance management system and it's going to assist us

to align all the aid to local grant activities and output and give a lot more information to both those grantees and programs that are delivering services.

One of the benefits is that it will give everybody a single point of access and we're going to have increasing standardization for both the language and the requirements of the applications and reporting. I want to let you know about several upcoming dates to make note of. First of all, all of our current Aid to Local grantees will receive a Catalyst username and password right after the first of the year. This will go to the currently listed primary contact.

Additional usernames and passwords can be created for a grantee but we will just start with one and then grow from there as the need is determined. But all grantees should be watching for that notification to come to the individual or the e-mail account that is currently listed as the primary contact.

We have developed four online training modules for the initial users of Catalyst to introduce the step by step approach of getting into Catalyst and accessing the components that you will need. Those are completed and they will also be released January 2nd or very soon thereafter.

Catalyst and Aid to local grants will open as usual on January 15th and all current grantees and appropriate additional partners will be notified at that time. The applications will be due on March 16th

We plan to convene two webinars and those are scheduled for January 29th at 10:00 and at 3:30 at which we'll provide additional information, technical assistance, answer questions, solve problems. These webinars will be intended to help people as they are working on their grant applications in Catalyst.

Finally, I want to ask for everyone's patience while we make this transition. We're very excited about the long term benefits to our partners and to our agency. But, I do want to be sure we all realize this kind of work and these kinds of movements take time and patience for all of us to get the most from it. We know there'll be bumps along the way but we have a wonderful relationship with our contractor for Catalyst and we're confident that we'll all be pleased with the end result.

I want to let you know that we will be in touch probably several times in the next three weeks through different ways. Be watching for announcements, reminders to come out from the program and from our local public health office about the details of the trainings, access, problem solving and all of us working together to make this transition.

The second item I want to mention is the Government Public Health Conference, just to get those dates on everyone's calendars. The conference will begin with a half-day session on April 28th that is our pre-conference day and then two full days on April 29th and 30th. We'll be at the Marriott in Wichita and we hope to get this on your calendars and that you will plan to attend.

The last thing I want to mention for my program is to give an update on the workforce competency assessments that have been completed. We are working very diligently on getting the data compiled and analyzed in various ways. We hope to have local reports prepared and out to local health departments probably by the end of January. Thanks Aimee.

Aimee Rosenow: OK. And next up is the Preparedness Program update from Michael McNulty.

Michael McNulty: Thank you. As a reminder, the second quarter reports and information are due back to KDHE Preparedness on January 15th. They can send that to preparedness@kdheks.gov. Additionally, Kansas continues to work on the state accountability system, so during this time when hopefully it's slowing down for some folks, remember to look at your health and medical personnel qualifications for staff at your facility.

There are also equipment qualifications that have health and medical ramifications. For example, there are eight different types of body bags and various types of trailers and other things that hospitals and health departments and EMS services may have. Those can all be put into the accountability system so that they are made visible statewide in an emergency.

And then finally, we have come up and have in our hot little hands now the 2015 Preparedness Calendar. This is our first time for that and it features Fred

the Preparedness Dog doing various things and sharing his message about preparedness. So, see (Fred) when he's out and about on his travels. January 10, we will be out in Sharon Springs, Kansas. And January 31st, we'll be out in Goodland, Kansas. So, we're even coming out West to visit as we can.

Aimee Rosenow: All right. Thank you, Michael. I just have a couple of things to update you all on from the communications office. Just let you all know we do put our upcoming events and observances on the KDHE home page. For January we have National Radon Action Month that Angela mentioned. We also have National Cervical Cancer Awareness Month and National Birth Defects Prevention Month. So, information on those observances can be found on our home page. We'll also be sharing some message about those observances throughout the month of January.

Another thing you'll find under upcoming events is information about the Community for Kids Forums which have kicked off and are underway. We updated about those forums on our November call. The cities that we are going to be visiting will be Colby, Garden City, Topeka, Junction City, Wichita, and (Parsons). So, if you need additional information about the Communities for Kids Forums that can also be found on the KDHE home page at kdheks.gov.

And, finally, just a reminder, state offices will be closed at noon tomorrow, Christmas Day and also on Friday. So, we'll be back in the office beginning Monday of next week.

And, then lastly, our next statewide population health call will be January 27th at 10 a.m. (Jennifer), that is all for our updates so, we're ready to take any questions that our listeners might have.

Operator: At this time, if you wish to ask a question or if you have a comment, please press star one on your telephone key pad. Again, that is star one for your question.

And, you do have a question from the line of Steve Hoeger.

Steve Hoeger: Good morning, thank you guys for your update. A question to Bill regarding the medical waste re-categorization, any implications for final disposition then of that waste, will Stericycle be able to process it or is this still going to have to go to Port Arthur.

Bill Bider: At the present time, Stericycle still cannot take untreated Ebola waste. The policy does have – will be having to go to – Port Arthur as the only facility right now. I'm not positive of that because things are happening on a daily basis with companies trying to receive approval from either local, state or federal officials to take Ebola waste.

So, there could be some changes going on but still to the best of our knowledge, the Port Arthur facility in Texas is the only one and Stericycle will with this new policy be able to transport to that location but the policy does point out also a clarification for people who want to know more details and how to treat. If anyone did treat Ebola waste, Stericycle facility in Kansas City could take that for secondary treatment. Land filling of even autoclaved waste is not allowed. It would need to have a secondary type of treatment. But untreated which is likely to be most everything out of Kansas would have to go out of state at the present time and Port Arthur right now is our only known facility; although I do know a couple others that are trying to get approval.

Steve Hoeger: All right. Thank you for the information.

Operator: And you have a question from the line from Johnson County.

Liz Ticer: Hi this is Liz Ticer and this question is for Mindee. With the notice of grant award, and I know it's a pretty small amount you guys got, is there any intention on submitting for some funds for locals, specifically to cover all of our active monitoring cost because we have had, you know, several that we've had monitor and are still monitoring over the holidays.

Mindee Reece: Liz, that's a good question. We were looking at that as a possibility, the challenges that it's such a small amount of money that we may in the late until the next round of funding to better support the local health departments and the hospitals with some funding. As I'm sure you remember back in the days

of pandemic flu when we got three different pots of money that had to be accounted for separately.

Since this is so small, I don't know if we have enough to carve it into pieces for the – I think we have four, four health departments to date that have actively monitored a patient or not a patient, an individual. So, we're looking into it but I'm not sure we're going to need a pot of money for that but we would consider that for the next round of funding.

Liz Ticer: OK.

Mindee Reece: So, we'll keep you posted.

Liz Ticer: OK. That's what I wanted to know. Thank you.

Mindee Reece: Sorry, it's five counties. Charlie just counted them up. We have five counties that have been monitoring a person so far.

Operator: Again, if you wish to ask a question, please press star one on your telephone keypad.

And I am showing no further responses.

Aimee Rosenow: OK. Thank you, (Jennifer). Just one more quick update from the communications office. Last week, we did hold a tabletop exercise for Ebola communications with other statewide (PIOs) from some of our partner agencies such as KDEM and we are working on finalizing an Ebola communications plan. So, we hope to be able to share some additional communication resources for you all regarding Ebola.

And, again, our next meeting will be January 27th at 10 a.m. So, thank you very much for joining us this morning. We hope you have a very happy and healthy holiday season.

Operator: Thank you for joining today's conference. You may now disconnect.

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